

Medical Benefits Summary

State of Tennessee Medical Benefits				
Benefits	Partnership PPO		Standard PPO	
	In-Network	Out-of Network	In-Network	Out-of-Network
Annual Deductibles				
EE	\$450	\$800	\$800	\$1,500
EE+Child(ren)	\$700	\$1,250	\$1,250	\$2,350
EE+Spouse	\$900	\$1,600	\$1,600	\$3,000
Family	\$1,150	\$2,050	\$2,050	\$3,850
Out of Pocket Maximums				
EE	\$1,550	\$2,900	\$1,900	\$3,600
EE+Child(ren)	\$2,450	\$4,600	\$3,100	\$5,900
EE+Spouse	\$3,100	\$5,800	\$3,800	\$7,200
Family	\$4,000	\$7,500	\$5,000	\$9,500
Physician's Office Visit	\$25 Copay	\$45 Copay	\$30 Copay	\$50 Copay
Preventative Care Office Visit	100%	\$45 Copay	100%	\$50 Copay
Specialist Office Visit	\$45 Copay	\$70 Copay	\$50 Copay	\$75 Copay
Mental Health/Substance Abuse Outpatient Treatment / Office Visit	\$25 Copay	\$45 Copay	\$30 Copay	\$50 Copay
Urgent Care Facility	\$30 Copay		\$35 Copay	
Hospital / Facility Services / Inpatient Services / Outpatient Surgery	90% after deductible	60% after deductible	80% after deductible	60% after deductible
Maternity care	90% after Deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room Services	\$125 ER Copay		\$145 ER Copay	
Medical Equipment & Supplies	90% after deductible	60% after deductible	80% after deductible	60% after deductible
Dental Coverage* (Oral Surgeons)	90% after deductible	60% after deductible	80 after deductible	60% after deductible
Dental Coverage* (dentists, etc.)	90% after deductible		90% after deductible	
Therapeutic Services & rehabilitation	90% after deductible	60% after deductible	80% after deductible	60% after deductible
X-ray, Lab, and Diagnostics	100% after office visit copay	100% up to MAC after OV copay	100% after office visit copay	100% up to MAC after OV copay
Advanced X-rays, scans, and imaging (MRI, CT, PET, etc.)	90% after deductible	60% after deductible	80% after deductible	60% after deductible
Allergy Injections	\$25 copay primary \$45 copay specialist	\$45 copay primary \$70 copay specialist	\$30 copay primary \$50 copay specialist	\$50 copay primary \$75 copay specialist
Chiropractors	visits 1-20 / \$25 copay visits 21+ / \$45 copay	visits 1-20 / \$45 copay visits 21+ / \$70 copay	visits 1-20 / \$30 copay visits 21+ / \$50 copay	visits 1-20 / \$50 copay visits 21+ / \$75 copay
Home Health Services	90% after deductible	60% after deductible	80% after deductible	60% after deductible
Hospice Services	100% covered up to MAC		100% covered up to MAC	
Ambulance Service (Air and Ground)	90% after Deductible		80% after Deductible	
Pharmacy 30 Day Supply 90 Day Supply 90 Day Supply (maintenance list)	\$5 / \$35 / \$85 \$10 / \$65 / \$165 \$5 / \$30 / \$160	Same copays as in- network plus amount exceeding MAC	\$10 / \$45 / \$95 \$20 / \$85 / \$185 \$10 / \$40 / \$180	Same copays as in- network plus amount exceeding MAC
Total Rate before contribution	2013 Rates per pay period – 18 deductions (9 months)			
PARTNERSHIP PPO (BCBS / Cigna)	BCBS		Cigna	
Employee Only (\$512.04 / \$532.04)	\$68.27		\$70.94	
Employee + Child(ren) (\$844.87 / \$884.87)	\$140.81		\$147.48	
Employee + Spouse (\$998.48 / \$1,038.48)	\$166.41		\$173.08	
Family (\$1,331.30 / \$1,371.30)	\$221.88		\$228.55	
STANDARD PPO (BCBS / Cigna)	BCBS		Cigna	
Employee Only (\$537.04 / \$557.04)	\$71.61		\$74.27	
Employee + Child(ren) (\$869.87 / \$909.87)	\$144.98		\$151.65	
Employee + Spouse (\$1,048.48 / \$1,088.48)	\$174.75		\$181.41	
Family (\$1,381.30 / \$1,421.30)	\$230.22		\$236.88	

*Dental Coverage has certain limited benefits that include coverage for extraction of impacted wisdom teeth, oral tumors, accidental injury, or birth defects, and etc. It is not the same as dental insurance and does not include coverage for standard dental procedures.

Networks: Coverage is offered through BCBS and Cigna. Members would want to select the carrier that best meets their insurance needs based on their choice of providers.

Options: The preferred option offers a higher benefit for a lower cost. Members who chose to participate in this plan must follow compliance rules regarding health assessments and healthy lifestyles. Members who chose not to participate may enroll in the standard option.

Enrollment: Enrollment period for 2013 will be October 1st thru November 1st 2012. The plan year runs from January 1st to December 31st. Certified professionals are eligible to participate with an employer contribution. Certain rules and restrictions apply to enrolling late for coverage and cancelling coverage.

This is only a summary of benefits available. Please review your specific plan summary of benefits for detailed information regarding coverage, exclusions, and limitations.